RATING / EVALUATION FORM – DESIGN PLAN PROCESS Contracts and Construction

Contract No.:	Letting Date:	District:
Route:	Des. No.:	
Description:		
CN Project No.:		Structure No.:
Consultant:		Project Manager:
REVIEWER'S RATING IT	EMS	
Special Provisions Pay Items Procedure/Standard Comp	 oliance	5 = Excellent, 4 = Good, 3 = Marginal 2 = Poor, 1 = Unsatisfactory
Comments:		
Are the Revisions Major?	YES NO	(Click On One)
Reviewer's Signature:		Date: